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THE COMMONWEALTH OF MASSACHUSETTS

Annual Report
of the
NORTHAMPTON STATE HOSPITAL

for the
Year ending June 30
1970

DEPARTMENT OF MENTAL HEALTH

To his Excellency, The Governor of the Commonwealth, and the Honorable Council:

The Board of Trustees of the Northampton State Hospital herewith submit the Superintendent's one hundred and twelfth Annual report for the year ending June 30, 1970.

The Board membership has changed in that Mr. Leonard Waldman has replaced Mr. Hassett.

Monthly meetings were held with the exception of July and August. Reports were submitted, discussed and noted in the minutes of the meeting.

Trustees conducted a tour of the hospital and inspected the new Geriatric Building and found it to be satisfactory.

The Board is doing all within its power to help upgrade the Northampton State Hospital and assures all that it will cooperate with the various community boards to bring more service to the community as well as to the hospital.

The Board wishes to thank the Department of Mental Health and the governing body for its efforts.

Respectfully submitted

Mary T. Brewer

Acting Chairman - Board of Trustees

Henry G. Clarke M. D.

Secretary - Board of Trustees

NORTHAMPTON STATE HOSPITAL

Post Office address: Northampton, Mass.

BOARD OF TRUSTEES

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Sanford Bloomberg, M.D.	Director of Psychiatry
Kendall A. Breil, M.D.	Director of Clinical Psychiatry
Shirley M. Gallup, M.D.	Senior Psychiatrist
Jerome Pavlisky, M.D.	Senior Psychiatrist
Jacobo Moguillansky, M.D.	Senior Psychiatrist
Momcilo Novakovic, M. D.	Senior Psychiatrist
Nancy Collette, M.D.	Senior Psychiatrist
Arturo E. Smith, M.D.	Senior Psychiatrist
Rafeal E. Garcia, M.D.	Senior Psychiatrist
William R. Stevenson, M.D.	Senior Physician
Francisco B. de Carvalho, M.D.	Senior Physician
Gheorghe M. Radulescu, M.D.	Senior Physician
Gregor Gregovov, M.D.	Senior Physician
Leonor S. Pagtakhan, M.D.	Staff Psychiatrist
Urania B. Belen, M.D.	Staff Psychiatrist
Angelita Ruiz, M.D.	Staff Psychiatrist
Cesar L. Ruiz, M.D.	Staff Psychiatrist
Eusebio Z. Benemerito, M.D.	Staff Psychiatrist
Manuel O. Rafanan, M.D.	Staff Psychiatrist
Maria Louisa Benemerito, M.D.	Assistant Physician
Glade P. Hall, D.D.S.	Dentist
Thomas Cornelius Conway, D.D.S.	Dentist

HEADS OF DEPARTMENTS

William J. Goggins, Jr.	Steward
Elisabeth G. Provost	Treasurer (Retired 2/28/70)
Lillian Mielke	Treasurer (March 1, 1970)
Florence L. Eaton, R.N.	Director of Nurses
Francis H. Carr	Chief Power Plant Engineer
Raoul Menard	Maintenance Foreman
George K. Haller	Head Farmer
Frank C. Sullivan	Pharmacist
Eleanor M. Stack	Head Occupational Therapist
Millicent I. Warnock	Dietitian
Virginia A. Kielbowicz	Head Housekeeper

CONSULTANT STAFF

James H. Averill, M.D. Medicine
 William Barnett, Chiropodist
 Donald Chrisman, M.D. Orthopedist
 Lionel M. Cole, M.D. Dermatologist
 William C. Cooley, M.D. Ophthalmologist
 Thomas F. Corriden, M.D. Surgeon
 Thomas J. Crowe, M.D. Roentgenologist
 E. Philip Freedman, M.D. Outpatient Psychiatrist
 Donald Freund, M.D. Gynecologist
 Russell F. Gervais, M.D. Otolaryngologist
 John E. Gilbert, M.D. Pathologist
 Charles A. Gleason, D.M.D., Dentist
 David B. Jennison, M.D. Surgeon
 Alfred J. Kaiser, M.D. Anesthetist
 Peter Laban, D.M.D. Dentist
 Edward J. Manwell, M.D. Surgeon
 David Morse, Jr. M.D. Roentgenologist
 Myer Sharpe, M.D. Roentgenologist
 George A. Smook, M.D. Orthopedist
 Hugh Tatlock, M.D. Medicine
 Ralph M. Timberlake, M.D. Anesthetist
 Cornelius A. Tomer, M.D. Neurologist
 Edmund J. Zielinski, M.D. Cardiologist

MOVEMENT OF POPULATION

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Number on the books June 30, 1969.....	1159	1505	2664
On visit.....	349	492	841
On absence.....	2	4	6
On Escape or A.W.A.....	4	2	6
In family care.....	-	-	-
In residence.....	804	1007	1811
2. Number of admissions during year.....	797	583	1380
Discharges during year.....	697	599	1296
Transfers to other hospitals.....	5	3	8
Deaths during year.....	45	62	107
3. Number on the books June 30, 1970.....	1208	1423	2631
On visit.....	408	572	980
On absence.....	2	3	5
On Escape or A.W.A.....	6	-	6
In family care.....	-	-	-
In residence.....	792	848	1640

SUPERINTENDENT'S REPORTTo the Trustees of the Northampton State Hospital:

As the years go by there are more demands for services by the communities served by the Northampton State Hospital.

We are requested to open a Drug Addiction, an Alcohol Unit and to "Unitize" our hospital (separate units for each area in our region). All this to be done with our present facilities and personnel.

In addition to the above we are required to furnish eighty (80) square feet of bedspace for each Medicare and Medicaid patient. This is difficult with present facilities. The six hundred (600) patients over sixty five years of age will take up almost twice the space they now occupy and leave little space for the remaining twelve hundred (1200) patients. Our rated capacity far exceeds our true capacity.

Yet this is only one of the deficiencies we must overcome to obtain federal funds for Medicare and Medicaid patients.

Besides the lack of space for geriatric patients and unitization we are required to furnish adequate toilet and bathing facilities and a staffing pattern acceptable to the Department of Public Health.

In the past we have been given insufficient funds in our budget to make repairs or replacements (except on an emergency basis) and now we have also been asked to keep personnel requests to a minimum. Sufficient personnel must be granted in order to function properly.

Most of our buildings are old and obsolete. The original four hospital buildings are 112 years old and are still in use.

These buildings are unsafe, unsanitary, overcrowded fire traps with poor lighting, heating and ventilation and must be replaced.

We require a maximum security building to house the court cases in this region. This building could also contain a unit for drug addicted patients and an alcohol unit.

We need an occupational and industrial therapy building since so much stress is placed on vocational rehabilitation.

We also require trained personnel as supervisors or directors of rehabilitation which have not been allowed in the past.

We require more personnel to move patients into community placements in order to cut our census and to provide the necessary bed space for patients now in the hospital and to be admitted.

We require adequate apartments for doctors. Many of our doctors live in antiquated buildings without housekeeping facilities and poor toilet facilities.

We must have attractive units for housekeeping in order to compete with other hospitals that not only offer excellent living quarters but pay higher salaries.

For many years we have mentioned our need for more personnel and new buildings. We have pointed out the hazard of fire in the old building. We have complained about the poor ventilation; poor lighting, poor heating, limited toilet and bathing facilities and overcrowding.

Repairs and replacements must be done now and not in a long range program.

With all the handicaps we will endeavor to continue our programs of treatment and offer the best possible care with what we have.

A major change during this fiscal year has been unitization of the hospital on a geographic basis. Region I, served by the Northampton State Hospital, has been divided into five catchment areas, serving respectively, Unit I-Berkshire, Unit II Franklin-Hampshire, Unit III Holyoke-Chicopee, Unit IV Springfield and Unit V- Westfield. This has necessitated reorganization of the staff. The medical and surgical sections of the hospital serve all units.

One anticipated result of the unitization has been a sharp increase in the activity between the units and the community agencies within the respective catchment areas. The surge has been on a broad front, but with varying degree among the units. Thus, there has been a gradual decrease in patient population, spearheaded by exit from the hospital of many long term patients for whom such exit was previously considered unlikely.

The outpatient department has been partially reorganized. There is a director of the clinic, which functions for the traditional care of ex-hospital patients. There is a subdivision treating patients who have not been hospitalized and there is a third division geared to community relations. The outpatient department also has a school consultation program, a community consultation program with the Welfare Department in Northampton and Easthampton, and consultation services to Childrens' Aid and Family services.

A separate drug unit was opened in February 1970. It has a 10 bed capacity, for male patients only and an outpatient department. Female patients from the various units participate in the therapeutic programs during the day, but sleep on their respective wards. The unit is for narcotic users, and not for those using marijuana, LSD, etc. Presently, there are 10 inpatients and 140 outpatients. Since February 1970, 140 patients have been treated.

There are 16 physicians and/or psychiatrists assigned to direct patient care and a 17th who is director of Psychiatry for Community Services. It is he who is Director of Outpatient Department.

There has been some turnover in the medical staff, but for the most part, it has been fairly stable. There is no formal in-service training program, but the staff is exposed to the customary quota of clinical conferences, lectures, etc. The various committees - medical records, drug, etc. meet regularly.

The report of the year 1969-1970 will prove to be the most exciting year in the history of Nursing care at the Northampton State Hospital. It would be unfair to neglect to report the work that has been going on for many years, work that is necessary, sometimes seems unrewarding and often unnoticed but without it patients would suffer.

The census continues to drop, still the percentage of patients age 65 and over continues at the usual rate. Most interesting is the increase in admissions. Nursing Service continues to provide the daily care, housekeeping duties, nursing in the medical units, special care for suicidal patients, giving of medications and treatments, escort to clinics at Western Massachusetts Hospital, flu vaccine, admission procedures and a list too long to include in any summary.

It would perhaps be more meaningful to follow past outlines to show the progress made in Nursing Service during this year.

I. Programs (Outstanding Contributions)

Remotivation

Recreation

Completion of classes under N.I.M.H. Grant for employees

Blood Bank continues under Hampshire Red Cross Chapter Committee of Massachusetts State Employees Association at Northampton State Hospital to insure all employees and patients with blood needs--105 employees came to donate, 83 pints collected.

Use of registered nurse to work in outpatient clinic continues, both for patients returning from visit and patients receiving therapy at the clinic. Two registered nurses are now working within the hospital and also assigned to follow patients as they are placed on visit status within the community. This program still needs expansion but there is a great need to insure that professional, skilled nurses be assigned to this program.

Continued help given to the program offered by volunteers.

Mental Health Technicians from Community Colleges continue to receive field experience.

Evening meetings on a weekly basis held by the Director of Nurses to prepare for unitization were held.

Students from University of Massachusetts, Williams College, Springfield College, American International College, Westfield, Greenfield and Berkshire Community College were given tours and seminars by the Director of Nurses and her staff.

Orientation Program changed from five days to two, but changed back to five days as necessary.

II. New Programs

Miss K. Kurose, R.N. and seven of her staff from Greenfield (Franklin County Hospital) who are to open a psychiatric ward, spent one day a week at Northampton State Hospital. The Director of Nurses had a seminar with this group every week for six weeks.

Geriatric Care Team. The Director of Nurses established a team comprised of registered nurse, licensed practical nurse, and Psychiatric social workers to work within the framework of Medicare. This team was soon expanded to work with the following aspects of geriatric patients, all necessary forms and questionnaires pertaining were taken care of by this team. Finding rest homes and other placements with necessary follow-up. This team placed 186 patients, only two returned.

Case Aide. Students from the University of Massachusetts School of Nursing were assigned a specific patient to see each week for a full semester. The Chief Supervisor was assigned to supervise this program.

Pap Smears for all female patients. A registered nurse from Western Massachusetts Hospital working with our supervisor came once a month and all patients will be tested if possible.

Concentrated Employment Program

WIN (Work incentive from Springfield)

High School Placement

The above named programs were given opportunity at Northampton State Hospital. The High School Placement Program has been the only one of value for recruitment.

NEW PROGRAMS (continued)

Nursing care plans for all patients 65 and over are completed and changes made once each month. This completes Nursing Department requirements for Medicare.

On May 5th, unitization of all patients was begun. This was accomplished by compiling a card file by geographic area of residence on admission of all hospital patients. Mrs. Andrus compiled this file and maintained it for the remainder of the year.

Berkshire Area	Unit I
Hampshire-Franklin Area	Unit II
Holyoke-Chicopee Area	Unit III
Springfield Area	Unit IV
Westfield Area	Unit V
Drug Unit	Unit VI
AP Building - Medical and Surgical	
Age 65 and over-Memorial and "G" Building	

G Building opened. These new wards which connect A.P. Building and the old Memorial Building were used for geriatric patients, male and female. The three cafeterias were used to feed all ambulatory patients in "G" and Memorial Buildings.

Unitization. November 20, 1969 saw the completion of 1,078 transfers. Patients from one ward to another to put the concept into effect at Northampton State Hospital. The moving of this number of patients including bed and chair patients in one day was accomplished with comparative ease due to three factors.

- A. The hospital Superintendent, Dr. Goodman, who gave us all necessary support and made the final decisions concerning who went where.
- B. The cooperation of the entire hospital personnel. Carpenter Shop who made portable ramps; Farnhands who helped move bedridden patients, bed and all; Garage personnel who drove cars, trucks; Attendants who carried bundles and escorted groups of patients; cooks who served meals at odd times; Police who directed traffic and many, many more. The patients were most cooperative and deserve great credit. It was on this day that the months of preparation paid off.
- C. The Chief Hospital Supervisor, Mrs. Curran, R.N. who was in charge of the actual operation showed her ability to organize.

The weekly evening meeting held by the Director of Nurses no longer were held to discuss unitization but were continued each week to allow any member of the hospital staff to ask questions and as a channel of communication.

EDUCATION:

- A. Programs for students from Schools of Nursing, Practical and Professional continue. There is more supervision from the School Faculty which is most helpful.
- B. Nursing Service Staff assisted as needed in the Pastoral Training Program conducted by the Reverend Shanley.
- C. The Director of Nurses was asked to speak to a considerable number of classes in the area High Schools concerning Mental Health.

RECRUITMENT AND VACANCY REPORTS:

Monthly reports of all personnel changes made as required. Vacancies occur at approximately the same rate as 1968-1969 in the registered nurse category.

Licensed Practical Nurse vacancies are fewer as Schools in the area graduate students.

During the summer, most all blocks were filled with college students as has been the custom in the past. There is a change in hospital personnel that needs to be noted to show administrations ability to accept changes. This is shown in dress and other styles.

EMPLOYEE GROUPS

A. Master Contract signed with AFL-CIO Department of Mental Health Supplement Northampton State Hospital Local 165, which covers Licensed Practical Nurses.

B. Massachusetts State Employees Association Bargaining Agency for all other employees in Nursing Service.

C. Massachusetts State Nurses Association has signed contract with Central Department which covers all registered nurses.

The Psychology Department has 6 regular positions. Unitization of the hospital in the fall of 1969 has effected the Psychology Department as well as everyone else. Most of the time of the psychology staff is still spent in doing psychotherapy and testing. Somewhat more time is now spent on the wards and in various meetings. Among the other activities of the Psychology Staff are interviewing, consulting with other agencies, teaching, research and planning, consulting with other staff members and various educational activities.

Individual Psychotherapy. During the current year, 17 patients were seen for a total of 191 sessions. Most patients were started as inpatients and continued as outpatients.

Group Psychotherapy. Two groups were conducted sporadically during this period. The number of suitable patients has never been too large. This becomes even more complicated if group membership becomes restricted to members of the same unit. The total number of patients seen in group psychotherapy was 21, the total number of sessions 34.

Each incoming patient under 60 years of age was interviewed for assessment of suitability of psychotherapy. This involved seeing a large proportion of the new admissions to this hospital. Interviews average 15 minutes per patient.

Teaching. Members of the department gave a series of lectures to the Chaplains of the Summer School of Pastoral Care and to the students of the Pioneer Valley Licensed Practical Nursing School. A question and answer session was conducted for a class from Springfield College.

Internship Training. This involves the clinical training of psychologists with Masters degrees. The conclusion of David Johnson's internship fell in the current year and the beginning of Dianne Smith's; Howard M. Lester; and Burton Zung were here most of the year; the former full time, the latter part time. They were supervised in interviewing, individual and group psychotherapy and in testing by Mr. Goodman, Miss Higgins, Dr. Simon, Mr. Wood. The interns also attended staff meetings and other activities at the hospital and at the clinic.

Unit Activities. Each of the Principal and the Staff Psychologists are assigned to at least one unit. Almost all the clinical work of these psychologists with inpatients is done with patients of their own unit. In addition to therapy and testing, unit activities included interviewing, attendance at staff meetings, unit meetings, etc. Some of this is also done by the trainees.

The Northampton Area Mental Health Clinic is staffed by members of the hospital's professional staff and by consultants. With the exception of the secretary, the members of the Clinic Staff spend only part of their time working for the clinic.

The clinic provides services for individuals and for agencies.

Individual service involves an evaluation interview (intake) and treatment. It has been the policy of the clinic to accept most clients who applied for help. Evaluation procedures are kept brief. It is considered less time consuming to terminate an unsuitable client (in the few times that this was necessary) than to make extensive evaluations.

As in the past, evaluation services are limited to a relatively brief (one half hour to one hour) intake interview. The total number of intake interviews during the current year was 102, 10 more than in the previous year.

Currently, services to agencies include consultation and other services. These services were started during the previous fiscal year and expanded in the current one. Since these services involved going to the agencies involved, they only were provided for Hampshire County agencies in order to avoid excessive amounts of traveling time. Another reason for not going beyond Hampshire County was to avoid duplicating services provided by other Mental Health Centers. Consultation services were provided for certain welfare departments and high schools.

Services were provided to three High Schools, those in Northampton, Hadley and Belchertown. In Northampton, the service was almost entirely provided directly to the students, in the other two schools, the service was entirely given to teachers and, to some extent, to guidance counselors.

Occupational Therapy and Recreational Therapy Departments continue to function and do a good job with the available personnel.

The Occupational Therapy department workers are now assigned to each of the geographical units. It is concerned in industrial therapy and works with a representative of the Massachusetts Rehabilitation in job placement in the community. The sheltered workshop continues to function, 91 patients were employed during the year. Fifty-four of these patients were discharged from the hospital. Members of the O.T. Department oriented patients into the community for job interviews and job placements.

In October, 1969, the Massachusetts Vocational Rehabilitation Commission sponsored a cooking and sewing class in the hospital which is still functioning.

We require a staff for vocational rehabilitation in order to place more patients to the community.

The Reverend Shanley, Protestant Chaplain, again conducted a Clinical Pastoral Education Seminar (12 weeks) with eleven students (theological students and pastors).

The Chaplain also gives most of his time to patient counseling, as well as holding religious services.

The Volunteer Services Department is functioning adequately. With change by unitization, we will require volunteers to serve in their own geographical unit so that they can also be a friend of the patient when he leaves the hospital.

The Laboratory and X-Ray departments and other departments are offering excellent services and are functioning at top capacity. The other departments that do not usually deal with patients are functioning to make the patient as comfortable as possible. Maintenance is overwhelming in the old buildings, emergencies occur on a day to day basis and repairs must be made. Painting is continuous. Perhaps it would be better to put the painting job out on bid and have an outside contractor do the painting provided money is available.

Respectfully Submitted

Harry Goodman M.D.
Superintendent
Northampton State Hospital
Northampton, Mass.